

**Media release, Monday February 7<sup>th</sup> 2022, embargoed until 3pm.**

## **OzSAGE says governments must act immediately to decrease the death rate from COVID-19.**

The consensus of a broad range of OzSAGE experts today is that we must care about and respectfully acknowledge deaths due to COVID-19, disclose data on mortality objectively, and talk about the causes with scientific authenticity and integrity.

The deaths are far too high, far in excess of influenza in years gone by and outstripping on for the month of January many other killer diseases.

We need transparent data on deaths so that we can understand better how to prevent this tragedy from worsening unnecessarily.

The *but* has to stop. After they announce the number of deaths each day they say BUT they were old or BUT they had other diseases. No - these people would not have died if they were not infected with COVID-19, every life is valuable and the only way to prevent further loss of life is to face up to the need to change tack.

We are being told it is a choice between lockdown, or a massive death toll – but this is false. There are many smart, easy things we can do to reduce transmission and thereby reduce the death toll and still keep our freedoms pretty much intact. We need to start doing these things – essentially the ventilation and vaccine-plus strategy that OzSAGE has always recommended

### **OzSAGE has makes recommendations about mitigating and reporting deaths from COVID-19.**

1. Validated mortality data should be reported independently and regularly.
2. Datasets should be standardised across jurisdictions with a minimum set of parameters (breakdown by age, State, vaccination status, number of vaccine doses and place of death – hospital or home).
3. Access to data should be as open and facilitate independent academic forensic review of the causes, contributors and context of deaths.
4. Death rates should be appropriately contextualised with reference to excess mortality, and a relevant range of other causes of death.
5. Factors that contribute to severe COVID-19 disease and mortality such as underlying conditions should not be used as excuses for failures in preventing deaths.
6. Narratives about the cause of death should not over-emphasise any contributing factor, such as underlying conditions or age.
7. Analysis as to whether these deaths are preventable with reasonable efforts and resources should be independent, open and rigorous.
8. Individual deaths must be respected. The importance and worth of every person is equal.

*"Behind every statistic is a Mum or Dad, a Grandmother or Grandfather; someone's son or daughter. We do all we can, move mountains to treat cancer, to reduce the road toll, to control diabetes. All of those killed less people in Australia in January 2022 than COVID-19."*

Dr Andrew Miller, anaesthetist and OZSAGE spokesman for the release of the Deaths from COVID-19 OzSAGE statement.

*"Do most Australians realise - or care - that the entire road toll for a whole YEAR is about 1000 people. We've just lost about 2000 Aussies in just ONE MONTH! Let me say that again - in January alone, twice as many died of Covid in Australia as perish on the roads in an entire year...!"*

Dr Peter Wragg, Thoracic and Vascular Surgeon, QLD.

*"SARS-Co-V2 is directly associated with increased maternal and foetal death, which is why we need prevention using every control in Vaccines Plus enacted to highest practical degree possible in society, including third dose vaccination, safe indoor air and respirator level masking, The virus is also indirectly associated with deaths when health systems and staffing caring for mothers are overwhelmed. We need transparent Covid-19 maternal and foetal death data in Australia if we are to learn that there is anything we could have done better in the pandemic to protect maternal and foetal health. There were serious concerns of shortage of midwives for women in labour"*

Dr Karina Powers, Occupational Physician, WA.

*"In the end, what really matters is doing all we can to minimise preventable deaths. The only 'acceptable number' is as low as we can reasonably go. There is substantial room for improvement on vaccination rates (boosters and 5-11), high quality mask access and use, functional testing and isolation regimens, support packages for those in most need and, most especially, in airborne mitigation strategies. Only when we have done all we can to put these measures in place, including with an embedded culture of ongoing improvement and rapid incorporation of new knowledge and tools, can we say we've done all we can to minimise the COVID-19 death rate. Two thousand deaths in just over one month is clearly way too many deaths." Professor Brendan Crabb, The Burnet Institute, Victoria.*

*"There should be a judicial review of all COVID deaths at some point separate to the usual statewide and hospital processes. Perhaps the one thing about co-morbidities or "underlying health conditions" is that in fact the persons were not going to die of them as soon. These underlying health conditions are shared by many survivors and reference to them has the potential to trivialise our society's thinking about the very many COVID deaths." Dr Karl Baumgart, Immunologist, NSW.*

*"The community needs clear and transparent information on the direct impacts of COVID-19, which includes deaths. They need clear and transparent information on the indirect health, mental health and social impacts of COVID-19. As well, the community need to understand both the positive and negative impacts of public health measures aimed at stopping high level of transmission on these things. All this information is critical to help the community have input in developing clear and coherent national and state plans to respond to COVID-19 over the coming years with health equity at the centre."*

Professor Margaret Hellard, The Burnet Institute, Victoria

